



23rd Annual Chesterfield County Youth Awards Youth Nomination Form

Youth Nominee (must be between 12—18 years of age)

Name:

Age:

Mailing Address:

School:

Telephone:

Person Making the Nomination

Name:

Telephone (Work):

Telephone (Home):

Mailing Address:

Relationship to Nominee:

**Please complete the nomination form and return to:
Chesterfield County Youth Planning and Development
PO Box 40
Chesterfield, VA 23832
Fax: 748-1099**

Email: youthservices@chesterfield.gov

**Nominations must be received by 5:00 PM March 24, 2006 to be considered.
Contact Youth Planning and Development at 796-7100 if you have questions.**

Youth Awards Nomination Form

Name of Nominee: _____

Nominations for the Chesterfield County Outstanding Youth Awards are based on **Courage, Compassion, and Service**. Please answer the following questions that apply to your nominee, giving specific examples with details to support the particular area for which the nomination is made. Please type or print. You may attach additional pages, as necessary.

Which categories apply to this youth? Your nomination may be based on as many categories as you feel are applicable.

_____ **Courage**

_____ **Compassion**

_____ **Service**

Please describe the reason you are nominating this young person. Why is the nominee particularly deserving of this recognition for their volunteer work?

How have the actions of this young person benefited and impacted others?

Were there any obstacles the young person had to overcome?

Did this young person act alone? Was he or she part of a group? Please explain.

Comment on the nominee in terms of their courage, compassion, and/or community/school service.